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PTO/SB/50 (4/98)
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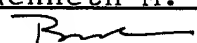
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09/625018
07/20/00

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	41766
	First Named Inventor	Alfred C. Nichols
	Original Patent Number	5,783,700
	Original Patent Issue Date (Month/Day/Year)	7/21/1998
	Express Mail Label No.	EK666547062US
APPLICATION FOR REISSUE OF: (check applicable box) <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent		
APPLICATION ELEMENTS		
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)		
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)		
3. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		
4. <input type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)		
5. Original U.S. Patent <input type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)		
6. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check applicable box(es)) <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney		
ACCOMPANYING APPLICATION PARTS		
7. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)		
8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)		
10. <input type="checkbox"/> Statement(s) <input checked="" type="checkbox"/> * Small Entity Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)		
11. <input checked="" type="checkbox"/> Preliminary Amendment		
12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
13. <input type="checkbox"/> Other: _____		
* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).		

14. CORRESPONDENCE ADDRESS


<input type="checkbox"/> Customer Number or Bar Code Label		<input checked="" type="checkbox"/> Correspondence address below	
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Signature		Date	7-20-00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

108/2008 1.16(h) Ptn. 5,783,700 1660.00

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 41766		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 15	Total Claims (37 CFR 1.16(j))	(B) 15	**** 0	= x \$ 9. =		or	x \$ =	
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 2	* 0	= x \$ 39 =			x \$ =	
Basic Fee (37 CFR 1.16(h))					\$ 345		\$	
Total Filing Fee					\$ 345	OR	\$	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 42	MINUS	** 20	* = 22	x \$ 9. = 198	or	x \$ =	
Independent Claims (37 CFR 1.16(i))	*** 6	MINUS	**** 3	= 3	x \$ 39 = 117		x \$ =	
Total Additional Fee					\$ 315	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>501346</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>660.00</u> to cover the filing / additional fee is enclosed.</p>								
<u>7-20-00</u> Date		 Signature of Applicant, Attorney or Agent of Record Kenneth M. Bush Typed or printed name						


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 PATENT AND TRADEMARK OFFICE
 APPEALS

I, Kenneth M. Bush, do hereby certify that a copy of the enclosed "REISSUE APPLICATION" for Patent No. 5,783,700, was served on the following counsel of record by Express Mail Label number EK666547076US on this the 20th day of July, 2000, addressed to:

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I, Kenneth M. Bush, do hereby certify that the enclosed "REISSUE APPLICATION" for Patent No. 5,783,700, was filed by Express Mail number EK666547062US on this the 20th day of July, 2000, addressed to:

Judge Fred E. McKelvey
Board of Patent Appeals and Interferences
Crystal Gateway 2, 10th Floor
1225 Jefferson-Davis Highway
Arlington, VA 22202



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